

For Pacific Cross use only: This Application Form was issued with Official Confirmation of Coverage (OCC) Number: _____ or Group Policy Number: _____

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|---|--|--|--|
| <input type="checkbox"/> TRIPGUARD INDIVIDUAL | <input type="checkbox"/> TRIPGUARD FAMILY | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> ANNUAL BUSINESS TRAVEL |
| <input type="checkbox"/> Travel Including USA/Canada/HKG <input type="checkbox"/> Travel Excluding USA/CANADA/HKG <input type="checkbox"/> Philippine Travel Only | | | <input type="checkbox"/> SHORTSECURE (Non-Air Domestic) |
| <input type="checkbox"/> TRIPGUARD GROUP | <input type="checkbox"/> Travelbundle | <input type="checkbox"/> Travelbundle Lite | <input type="checkbox"/> Individual <input type="checkbox"/> Group |

Name of Applicant: _____

Address: ☐ Office ☐ Home _____

Tel. No.: (Landline or Mobile) _____ **E-mail Address:** _____

Occupation: _____ **Nationality:** _____ **Civil Status:** _____ **Gender:** ☐ M ☐ F

Principal Applicant's Passport No.: _____ or **TIN/SSS/Driver's License I.D. No.:** _____

Principal Applicant is included in the Persons to be insured? ☐ YES ☐ NO If yes, include your details in the "Persons to be Insured" table.

Purpose of Trip: ☐ Visit Relatives ☐ Business (i.e., attending conference or meeting) ☐ Short-term Study ☐ Leisure ☐ Others (Pls. specify.) _____

| PERSONS TO BE INSURED | BIRTHDATE (mm/dd/yyyy) | CITY/TOWN ADDRESS (State only if different from Applicant's address) | PLAN | ID TYPE/NO. (State only if different from Applicant's ID) | BENEFICIARY | RELATIONSHIP TO INSURED |
|-----------------------|---------------------------|---|------|--|-------------|-------------------------|
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If space is insufficient, please use back page. However, please continue to indicate the total premium at the front. ➡

MODE OF PAYMENT: ☐ CASH ☐ CHECK ☐ CREDIT/DEBIT CARD **TOTAL COST** _____

ITINERARY: (Please leave blank if you are applying for an Annual Plan.) _____

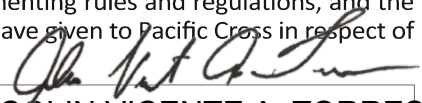
COVER TO COMMENCE FROM month day year **TO** month day year **FOR** **DAYS**

The above statements are true and complete and all prospective Insured/s understand that no travel will be made for the purpose of obtaining medical treatment for any existing, recurring, congenital, medical and physical conditions. I understand that any Pre-Existing Medical Condition shall not be insured, unless stated covered in the Policy Schedule or Official Confirmation of Coverage. I understand and accept the Notes, Terms and Conditions indicated in this Application Form and as stipulated in the Master Policy. I understand that the prospective Insured/s have personally applied for the travel insurance coverage. I hereby represent and confirm that the details stated herein are true and correct. By submitting this application form, I accept the conditions by which Pacific Cross will provide insurance coverage for the trip of all prospective Insured/s.

I understand that under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all insurance companies are required to satisfactorily establish the identities of all its customers. Hence, Pacific Cross Insurance, Inc. reserves the right not to accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.

I understand that any change in the above details should be made in writing and submitted to Pacific Cross prior to Policy commencement date. Otherwise, the Policy is enforced.

DATA PRIVACY CONSENT: I understand that Pacific Cross collects and uses my personal data to service and administer my insurance policy, to provide appropriate and timely Medical and Travel Services, and for the purposes provided in the Pacific Cross Privacy Statement attached to this application form (also available at www.pacificcross.com.ph). By signing this application form, I acknowledge that I have read and agree to the terms of the Privacy Statement, and understand that my data may be collected, shared, disclosed, transferred, used or otherwise processed by Pacific Cross in accordance with the Data Privacy Act of 2012, its implementing rules and regulations, and the Privacy Statement. Nothing in this form is intended to revoke or supersede any prior consent that I have given to Pacific Cross in respect of the processing activities involving my personal data.

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| Signature over Printed Name of Applicant | Date | I certify that I have validated the information in this application against the original I.D. card/s presented and in doing so, have established the applicant's identity.  COLIN VICENTE A. TORRES Signature over Printed Name of Agent |
|---|-------------|--|

Please see next page for important notes. ➡

NOTE: This application forms part of the contract. **For full details, please refer to the Master Policy.** A copy is available for inspection at any Pacific Cross office or from your Agent. Notice of any claim must be given to the Company within 31 days from the expiration of this insurance or upon completion of events for which the claim is being made.

MAXIMUM PERIOD OF COVERAGE: Up to 180 days per trip for Tripguard and 90 days per trip for Annual Plans, unless otherwise endorsed; up to five (5) days per trip for ShortSecure Group and 15 days per trip for ShortSecure Individual.

PERIOD OF INSURANCE: Tripguard and Annual Plans commence seven (7) hours prior to the scheduled flight departure indicated in your travel ticket, or the specified effective date applied for, whichever is later and ends on: (a) the indicated expiry date/expiry of the 90-day limit per trip or (b) upon return to the place of residence or employment or (c) after seven (7) hours upon actual arrival at the airport terminal premises of the Country of Origin, whichever occurs first. ShortSecure Non-Air Domestic Plans commence at the departure time from the Point of Origin which may be the accommodation site such as place of residence or employment, hotels, universities or schools or the terminal wherein the transport vehicle to be used for the land or water trip will set off and ends on the indicated expiry date or upon arrival at the Point of Origin, whichever occurs first.

Use this page if space on the front page is insufficient. However, please continue to indicate the total premium at the front.

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| REMARKS (for Pacific Cross use only): | |
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